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CALIFORNIA LIQUID WASTE HAULER RECOR

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SFUND RECORDS CTR

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

999000661 HAULER OF WASTE (Must be filled by hauler) PRODUCER OF WASTE (Must be filled by producer) ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392 Pick up Address: P.O. or Contract No.: Telephone Number: Order Placed By: State Liquid Waste Hauler's Registration No. (if applicable): No. of Loads or Trips: __ Type of Process which Produced Wastes: (Examples: meta plating, equipment cleaning, all drilling -Vehicle: 🔼 vacuum truck _barrels, 🗌 flatbed, 🔲 other_ wastewater treatment, pickling bath, petroleum refining) (SPECIFY The described waste was hauled by me to the disposal **DESCRIPTION OF WASTE (Must be filled by producer)** facility named below and was accepted. Check type of wastes: I certify (or declare) under penalty of perjury that the foregoing is true and correct. 11. Contaminated soil and sand 1. Acid solution 6. Tetraethyl lead sludge SIGNATURE OF AUTHORIZED AGENT AND TITLE 2. Alkaline solution 7. Chemical toilet wastes 12. Cannery waste DISPOSER OF WASTE (Must be filled by disposer) 3. Pesticides atex waste ليا 13. 8. Tank bottom sediment 4. Paint sludge 9. D Oil 14. Mud and water CODE NO. 5. Solvent 10. Drilling mud 15. Brine Site Address: The hauler above delivered the described waste to this disposal facility and it was an acceptable Other (Specify) material under the terms of RWQCB requirements, State Department of Health regulations, and CODE NO. Components: local restrictions. (Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower ppm Quantity measured at site (if applicable): ______ State fee (if any): organics (list), cyanide) Handling Method(s): recovery treatment (specify): (EXAMPLES INCINERATION NEUTRALIZATION, PRECIPITATION) | Indfill | injection well disposal (specify): pond /☐ spreading Drother (pecify): If waste is held for disposal elsewhere poe hal location: Disposal Date:_ I certify (or declare) under pendity of perjury that the foregoing is true and correct. Hazardous Properties of Waste: ☐ corrosive ☐ toxic ☐ flammable explosive A none SIGNATURE OF AUTHORIZED AGENT AND TITLE barreis **Bulk Volume:** ☐ tons (42 gal.) The site operator shall submit a legicle copy of each completed Record to the State Department of Health with monthly fee reports. drums cartons other. Containers: **Y**liquid I sludge other_ Physical State: Special Handling Instructions (if any): _ The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING I certify (or declare) under penalty of perjury that the foregoing is true and correct. HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. D.O.T. Proper Shipping Name SIGNATURE OF AUTHOLIZED AGENT AND TITLE

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